

## MAIL SERVICE ORDER FORM

Enter ID # below if not shown or if different from above	CAREMARK PO BOX 94467 PALATINE, IL 60094-4467
Jse this form to order NEW and/or REFILL mail service presenters only. FOR FASTEST SERVICE: Order refills and verify Address Change/Shipping Information (Complete ON	
	First Name MI Suffix (JR, SR)   Apt./Suite# Use this address   State Zip Code   Oaytime Phone#:
Rx Information - To order NEW prescriptions, mail the space is needed for more refill labels, you may: 1) attach labels Refill Order Continuation Form at Caremark.com, or 3) call Caremark Refill Label here         Apply Caremark Refill Label here         Or         write prescription number above         Apply Caremark Refill Label here         Or         Or         Apply Caremark Refill Label here         Or         Or	to a blank piece of paper and send with this order form, or 2) print a
write prescription number above	write prescription number above

single envelope may be shipped together in one package. Please turn over to provide additional information.

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